

ALABAMA ATHLETIC COMMISSION

200 South Lawrence Street • Montgomery, AL 36104

Phone: (334) 245-4374 Fax: (866) 715-9714

OFFICIAL USE by Alabama Athletic Commission

Acknowledgement of Receipt

In this space, the applicant must attach a clean, full-face photo of head and shoulders taken within the past six (6) months. 2"x2" SIZE PHOTO

APPLICATION FOR LICENSURE AS A PROMOTER

TYPE: [] BOXING [] KICKBOXING [] **MMA** [] TOUGHMAN [] WRESTLING

(Select only **ONE TYPE** above)

*A separate application and fee is required for each additional TYPE.

Commission's	Official Use Only:	
AAC License	#	_P

Incorporated:

*RESTRICTIONS MAY APPLY IF CURRENTLY LICENSED AS AN OFFICIAL:

NO APPLICATIONS TO SERVE AS AN OFFICIAL WILL BE ACCEPTED FOR ANYONE CURRENTLY LICENSED BY THIS COMMISSION TO SERVE OR HAS SERVED WITHIN THE LAST FIVE (5) YEARS AS A PROMOTER, MATCHMAKER, TRAINER, MANAGER, SECOND OR COMPETITOR,

I hereby make application for licensure in the State of Alabama to serve as a PROMOTER under the jurisdiction of the Alabama Athletic Commission: 1. Full Name (Legal Name of Owner, Co-Owner or Individual Contact for Promotion – Public Record)

Doing Business As (DBA) (Legal Name of Promotion - Public Record) (Indicate: LLC, Partnership, Sole-Owned) *NOTE: IF YOUR PROMOTION HAS MULTIPLE POINTS OF CONTACT, YOU MUST ATTACH A LIST WITH ALL INDIVIDUALS' LEGAL NAMES, ADDRESSES, PHONE NUMBERS AND EMAIL ADDRESSES. Telephone (___)____(Circle One: Office/Home/Cell Phone) Address of Record (The Above Address IS Public Record) State, Zip Mailing Address (The Above Address IS NOT Public Record) Street/P.O. Box State, Zip Citv Date of Birth / / / / / / Place of Birth Place of Birth Social Security No. ____/___/ Are you incorporated or otherwise legally recognized under the laws of its domicile? []Yes []No Are you a United States citizen? [|Yes | |No [|Yes [|No If **NO**, do you have documentation that you are here legally? **Please ATTACH documentation that proves your assertion

Have you ever held a Boxing, Kickboxing, MMA, Toughman or Wrestling related license in any other state? []Yes []No *If YES. LIST the STATE, POSITION and TYPE of license:

(Ex: California-Matchmaker, Boxing)

Have you ever been convicted of any State or Federal felony? []Yes []No *If YES, ATTACH a detailed statement, including a summary of the charges, the final order, any probation or parole documentation and any other relevant information.

Have you ever had a Boxing, Kickboxing, MMA, Toughman or Wrestling related license or registration revoked, []Yes []No suspended, fined or otherwise sanctioned for a violation?

*If YES, ATTACH a COPY of the charges and the final order.

[|Yes | |No

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10. Have you ever filed for bankruptcy in any state jurisdiction?

*If YES, ATTACH a COPY of the final bankruptcy order, and a current credit report from one of the three major credit reporting services.

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APPLICATION FOR LICENSURE

AS A PROMOTER

[] BOXING [] KICKBOXING TYPE: [] MMA [] TOUGHMAN [] WRESTLING (Select only **ONE TYPE** above)

Full Name	Date of Birth / /	Social Security	y No/
Full Name Print Name		_	, , , , , , , , , , , , , , , , , , , ,
LIST the names and contact information (ATTACH letters of reference, if available		ttests to your personal	integrity:
NAME:	Address:		TELEPHONE #:
	AFFIDAVIT		
	A F F I I I A X/ I I		
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